



Montana Department of  
**LABOR & INDUSTRY**  
Employment Relations Division

## **BOARD OF PERSONNEL APPEALS**

### **PETITION FOR DECERTIFICATION**

#### **FOR BOARD USE ONLY**

Case No. \_\_\_\_\_

Date  
Filed: \_\_\_\_\_

**INSTRUCTIONS:** This form must be completed in its entirety. Please print or type. Submit an original and three (3) copies of this petition and authorization cards to the BOARD OF PERSONNEL APPEALS, PO BOX 201503, HELENA, MT, 59620-1503. If more space is required for any item, attach additional sheets, numbering items accordingly. If you have questions, please call (406) 444-0032 for assistance. If form is not complete or received untimely it will be sent back.

**The decertification procedure is detailed in Board of Personnel Appeals Rules and Regulations ARM 24.26.643.**

1. NAME OF PETITIONER:		AFFILIATION (Parent/National Organization, if any):	
2. MAILING ADDRESS OF PETITIONER:	TELEPHONE:	EMAIL ADDRESS:	
3. NAME OF PUBLIC EMPLOYER:		CONTACT PERSON:	
4. MAILING ADDRESS OF EMPLOYER:	TELEPHONE:	EMAIL ADDRESS:	
5. Description of the unit to be determined specifying inclusions and exclusions. (Be complete and specific and use correct job titles whenever possible.)			
Inclusions: _____			
Exclusions: _____			
5a. Approximate number of employees in the proposed unit: _____			
5b. Is the petition accompanied by 30 percent proof-of-interest? Yes _____ No _____			
6. Name, Address and Affiliation of any labor organizations who claim to represent the employees in the proposed unit. (If None, write NONE)			
_____			
_____			
7. Expiration dates and brief description of any contracts covering any employees in the proposed unit.			
_____			
8. Briefly state any known disagreement between the employer and the petitioner as to the nature and scope of the proposed unit.			
_____			
_____			
9. Any other relevant facts.			
_____			
_____			
_____			

The above information is true and complete to the best of my knowledge and the labor organization that has been certified, or is currently being recognized by the employer as bargaining representative no longer represents the interests of the majority of the employees in the unit.

Date: \_\_\_\_\_ By: \_\_\_\_\_  
(Signature)